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CONFIRMATION NO. 5186

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/814,308 | FILING OR 371(c) DATE 03/31/2004 RULE | CLASS 241 | GROUP ART UNIT 3725 | ATTORNEY DOCKET NO. POB-501US |
| APPLICANTS Brian Poitras, N. Andover, MA; <i>SS</i> Robert F. Moglia, Salem, NH; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/459,172 03/31/2003 <i>SS</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>NONE</i> <i>SS</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/12/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SS</i> Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 7 | TOTAL CLAIMS 43 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 20738 | | | | |
| TITLE Automated composting system | | | | |
| FILING FEE RECEIVED 592 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |